

STIGMU PRISONER'S FAMILY & FRIENDS SURVEY

NAME OF STIGMU PRISONER: ANGEL MALDONADO & NUMBER HS-6238

1. WHAT IS YOUR NAME AND RELATIONSHIP TO THE STIGMU PRISONER?

(NAME:) Maribel Martinez (RELATIONSHIP:) COUSIN

2. HOW OLD ARE YOU? AND ON A SCALE OF 1 THROUGH 10, HOW CLOSE ARE YOU TO THE STIGMU PRISONER?

(AGE:) 62 (SCALE:) 1 · 2 · 3 · 4 · 5 · 6 · 7 · 8 · 9 · 10 (CIRCLE A NUMBER)

3. WHAT IS YOUR SPIRITUAL/RELIGIOUS PREFERENCE?

(SPIRITUAL/RELIGIOUS BELIEF:) Catholic

4. IS THE STIGMU PRISONER AFFILIATED WITH ANY SECURITY THREAT GROUP?

☐ YES (IF SO, EXPLAIN) ☒ NO

5. HOW OFTEN DO YOU COMMUNICATE WITH THE STIGMU PRISONER SINCE HIS PLACEMENT IN THE STIGMU?

(CIRCLE ONE)

A. EVERY DAY

B. ONCE A WEEK

C. ONCE A MONTH

D. BARELY/NEVER

6. IF YOU DO COMMUNICATE, IS IT BY:

(CIRCLE ONE)

A. MAIL / LETTERS.

B. EMAILS.

C. PHONE CALLS.

D. VISITS.

7. DO YOU RELY ON SUCH COMMUNICATION TO FUNCTION EFFECTIVELY IN YOUR EVERY DAY LIFE?

☒ YES (IF SO, EXPLAIN)

☐ NO

Yes, it is the only way I can communicate with him since I am disabled and unable to visit him.

8. PLEASE EXPLAIN HOW THE STGMU PRISONER'S, CONTINUED / PRO-LONGED, PLACEMENT IN THE STGMU AND/OR SOLITARY CONFINEMENT HAS IMPACTED AND EFFECTED YOUR EVERY DAY LIFE:

I notice in his letter and calls that he has been well, ^{not} mentally. His seclusion is letting the way I can communicate. I have heard of sadness when I speak to him and I pray for him. Make smile cry to hear his sadness.

9. ARE YOU AWARE OF ANY REASONS GIVEN FOR THE STGMU PRISONER'S, CONTINUED / PRO-LONGED, PLACEMENT IN THE STGMU AND/OR SOLITARY CONFINEMENT?

☐ YES (IF SO, EXPLAIN)

☒ NO

10. ARE YOU AWARE THAT THE LONG-TERM EFFECTS OF SOLITARY CONFINEMENT CAN DRIVE A HUMAN BEING MENTALLY INSANE AND ULTIMATELY COMMIT SUICIDE?

☒ YES

☐ NO

11. HAVE YOU DETECTED ANY DETERIORATION SINCE THE PLACEMENT OF THE STAMU PRISONER IN THE STAMU?

☒ YES (IF SO, EXPLAIN) ☐ NO

Yes, he is not himself, he says things that worry me he seems sad all the time. He is down on himself, no self esteem.

12. ARE YOU FAMILIAR WITH ANY MENTAL OR PHYSICAL DISABILITIES THE STAMU PRISONER MAY SUFFER FROM?

☒ YES (IF SO, EXPLAIN) ☐ NO

AUTISM, HALLUCINATIONS, DEPRESSION, ANXIETY, INSOMNIA

13. ARE YOU FAMILIAR WITH ANY SUICIDE ATTEMPTS, DISPLAYED, BY THE STAMU PRISONER?

☐ YES (IF SO, EXPLAIN). (HOW MANY?) ☐ NO

No, but that also worries me

14. ARE YOU FAMILIAR WITH ANY MISTREATMENT THE STAMU PRISONER MAY HAVE BEEN SUBJECTED TO SINCE HIS STAMU PLACEMENT?

☒ YES (IF SO, EXPLAIN) ☐ NO

LOSS OF PRIVILEGES (PHONE, VISITS, TV, TABLET, COMMISSARY) W/OUT ANY MISDEMEANORS, LACK OF MENTAL HEALTH TREATMENT,

15. ARE YOU WILLING TO TESTIFY AND AFFIRM TO THE ABOVE STATEMENTS IN ANY CIVIL OR CRIMINAL PROCEEDINGS?

☒ YES ☐ NO

(ANY FALSE STATEMENTS ARE SUBJECT TO THE PENALTIES OF PERJURY; TITLES: 18 PA.CS. § 4904 AND 28 U.S.C. § 1746.)

DATE: 8/27/22

SIGN NAME: Maribel Martinez

PRINT NAME: Maribel Martinez

CITY & STATE: Philadelphia, Pa.